Alabama Medicaid DUR Board Meeting Minutes
April 28, 2010

Members Present: Paula Thompson, Rhonda Harden, David Frazer, Bernie Olin, Daniel Mims, David Harwood, Jimmy Jackson, Dan McConaghy, Denyse Thornley-Brown, Kevin Green, Kelli Littlejohn, Robert Moon

Also Present: Clemice Hurst, Tiffany Minnifield, Christina Faulkner

Members Absent: Paul Nagrodzki, Kevin Royal

Call to Order: Daniel Mims, Chairman, called the meeting to order at 1:00p.m.

Review and Adoption of Minutes of January 27, 2010 meeting: Daniel Mims asked if there were additions, deletions, or changes to the minutes of the January 27 meeting. Two changes to the minutes were recommended. The minutes will be amended and presented for approval at the next meeting. Jimmy Jackson made a motion to amend the minutes as discussed and Kevin Greene seconded the motion.

Prior Authorization and Overrides Update: Christina Faulkner began the Prior Authorization and Overrides Update with the Monthly Manual Prior Authorizations and Overrides Report for the month of December. She reported 8,456 requests. She reported 13,653 electronic requests for the same time frame. From the Prior Authorization and Override Response Time Ratio report for December, 2010 she reported that 89% of manual PAs were responded to in less than two hours, 94-95% responded to in less than 4 hours and approximately 95% in less than eight hours. For the month of January, Christina reported 8,039 manual PA requests and 16,142 electronic PA requests. She reported that 88-89% of PAs were responded to in less than 2 hours, 95-96% in less than 4 hours and 97% in less than 8 hours.

Program Summary Review: Christina briefly reviewed the Alabama Medicaid Program Summary on page 28. From the 6 Month Assessment, she noted approximately 4.2 million prescriptions, 455,576 recipients and an average paid per prescription of $58.16.

Cost Management Analysis: Christina reported for January 2008 an average cost per claim of $60.94 and for December 2009 an average cost per claim of $58.38. From the Drug Analysis 4th Quarter 2009, Christina reported 71.33% generic utilization, 18.35% brand single-source, 4.07% brand multi-source and 6.24% OTC and "other". From the Top 25 Drugs Based on Total Claims from 01/01/10-01/31/10, Christina reported the top 5 drugs: hydrocodone-acetaminophen, amoxicillin, azithromycin, Singulair® and alprazolam. She then reported the top 5 drugs from the Top 25 Drugs Based on Claims Cost From 01/01/10-01/31/10: Singulair, Abilify®, Synagis®, Seroquel® and Vyvanse®. From the Top 15 Therapeutic Classes by Total Cost of Claims from 01/01/10-01/31/10, Christina reported the top five classes: antipsychotic agents, beta-adrenergic agonists, anticonvulsants, leukotriene modifiers and amphetamines.

Adult ADHD: In response to a previous request from the Board, Christina presented information on the utilization of ADHD medications in the adult Alabama Medicaid recipient population. It is estimated that 4.4% of adults suffer from ADHD (treated and untreated). Among Alabama Medicaid recipients 19 years and older, Christina reported 17,472 prescriptions for stimulants to treat ADHD and a total reimbursement of $2,100,000 in the year 2009. For 2008, she reported 19,456 prescriptions and a reimbursement amount of $2,326,221.12. Christina proposed retrospective DUR criteria that would generate informational letters to physicians. She reviewed the proposed criteria on page 38 – 42 for the Board's consideration.

Suboxone/Subutex: In response to a request from the Board, Christina presented information regarding the utilization of Suboxone® and Subutex® among Alabama Medicaid Recipients to the Board. There is concern that patients may be taking Suboxone and opioids concurrently. She briefly reviewed the drug and its mechanism of action. She called the Board's attention to the graph on page 43 showing the number of patients in December 2009 that received a prescription for Suboxone or Subutex and also received an opiate agonist. Christina suggested criteria that would generate an informational letter to the prescriber of both drugs alerting them that the patient has received both agents.

Poly Drug Abuse: In response to a current trend of "poly drug abuse", Christina presented a review of the most common drugs abused in combination. The most commonly abused are hydrocodone or oxycodone, a benzodiazepine and carisoprodol. The resultant combination maximizes the effect of the narcotics and causes euphoria. This particular mixture is referred to as the 'Holy Trinity' or 'Redneck Cocktail'. The combinations are usually obtained from different doctors or through illegal internet pharmacies, so patients are not carefully monitored. This combination can be lethal. Among Alabama Medicaid recipients from June 2009 to December 2009, Christina noted 48 patients receiving the combination. A Board member asked for information on alprazolam utilization. Christina informed the Board that a review of alprazolam utilization is planned for the next DUR meeting. Christina noted that Alabama's utilization seems to be lower because of the PA on brand and generic carisoprodol.

Synagis: Christina presented the Mid-Season Analysis of Palivizumab Utilization to the Board. She noted 1,169 claims and $2,970,009 in reimbursement for 2009. For the same time frame in 2008, she reported 4,517 claims and $7,778,430 in reimbursement. Christina discussed the reasons for denials of Synagis requests as presented on pages 50-53. Christina informed the Board of the changes that took place before the start of the 2009-2010 Synagis season and the preparations that are made each year regarding education of the Synagis provider population regarding Medicaid Synagis information.

RDUR Criteria: Christina presented the set of 48 proposed criteria to the Board for their review. Board members were instructed to mark their ballots.

Criteria #24 was rejected. Samford University will research and bring findings back to the DUR Board via member Paula Thompson. Criteria #25 was rejected. Criteria #45 and #46 will be combined. Criteria #48 will be corrected as noted. All other criteria were approved as recommended.

Medicaid Update: Tiffany called the board members attention to their Medicaid packets and reminded them to turn in their vouchers. She noted that the packets contained the most recent Alert. She reminded the Board that the quarterly pharmacy newsletter is now available online on the Medicaid website or the HID website. In addition, she reminded members to sign up for list serve. She informed the Board that the Synagis CME and others are still available on the Medicaid website. Tiffany reminded the Board that they will be voting for Chair and Vice-chair at the July meeting.

P & T Committee Update: Clemice Hurst began the P&T Update by informing the Board that at the last meeting, the Committee covered the Behavioral Health Agents. She stated that the next P&T meeting will be held on May 12 and that the committee will review Diabetic Agents, Estrogens and Antihistamines.

Kelli Littlejohn informed the Board that effective July 1, the Agency will be requiring NDCs on all physician administered drugs. She also noted that the Agency is monitoring the progress of health care reform.

Robert Moon informed the Board that the Agency is carefully monitoring the healthcare reform progress and the Agency is being proactive in its efforts to respond to the changes that will result.

New Business: Daniel Mims, Chairman, asked the Board if there was any new business. There being no new business brought before the Board, Daniel asked for a motion to adjourn. Dan McConaghy made a motion to adjourn the meeting. The motion was seconded by Rhonda Harden. A voice vote to adjourn was unanimous. The meeting was adjourned at 2:30pm.

Next Meeting Date: The next DUR Board meeting will be held on July 28, 2010.

Respectfully submitted,

Christina Faulkner, PharmD

ALABAMA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

1. Dronedarone / Heart Failure (Black Box) ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated in patients with NYHA Class IV heart failure or NYHA Class II-III heart failure with a recent decompensation requiring hospitalization or referral to a specialized heart failure clinic. In a placebo controlled trial patients in the above categories given dronedarone experienced a greater than two-fold increase in mortality.

Conflict Code: MC – Drug/ (Actual) Disease Warning **(Black Box Warning)**
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Heart Failure	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

2. Dronedarone / Potent 3A4 Inhibitors ___X___ _____ _____

Alert Message: Coadministration of Multaq (dronedarone) with potent CYP3A4 inhibitors (e.g. ketoconazole, itraconazole, clarithromycin, and ritonavir) is contraindicated. Concurrent use of dronedarone with these agents may cause a significant increase in dronedarone plasma concentrations and systemic exposure resulting in an increased risk of QTc prolongation.

Conflict Code: DD – Drug/Drug Interactions
Drug/Disease:

Util A	Util B		Util C
Dronedarone	Ketoconazole	Nelfinavir	
	Itraconazole	Telithromycin	
	Atazanavir	Indinavir	
	Clarithromycin	Saquinavir	
	Nefazodone	Ritonavir	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

3. Dronedarone / 2nd & 3rd AV Block, Sick Sinus Syndrome, Bradycardia ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated in patients with 2nd- or 3rd-degree atrioventricular (AV) block, sick sinus syndrome (except when used in conjunction with a functioning pacemaker), bradycardia < 50bpm, QTc Bazett interval ≥500 ms, or PR interval > 280 ms.

Conflict Code: MC – Drug (Actual) Disease Warning/Precaution
Drug/Disease:

Util A	Util B	Util C
Dronedarone	2nd Degree AV Block	
	3rd Degree AV Block	
	Sick Sinus Syndrome	
	Bradycardia	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

4. Dronedarone / Drugs Causing QT interval Prolongation ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated for use with drugs that prolong the QT interval (e.g., certain phenothiazines, tricyclic antidepressants, certain macrolide antibiotics, and Class I and III antiarrhythmics) because of the potential risk of torsade de pointes-type ventricular tachycardia.

Conflict Code: DD – Drug/Drug Interactions
Drug/Disease:

Util A	Util B			Util C
Dronedarone	Alfuzosin	Granisetron	Quetiapine	Amitriptyline
	Amantadine	Haloperidol	Quinidine	Clomipramine
Amiodarone	Ibutilide	Ranolazine	Desipramine	
Arsenic Trioxide	Indapamide	Risperidone	Doxepin	
Atazanavir	Isradipine	Salmeterol	Imipramine	
Azithromycin	Itraconazole	Sertraline	Nortriptyline	
Chloral Hydrate	Ketoconazole	Solifenacin	Protriptyline	
Chlorpromazine	Lapatinib	Sotalol	Trimipramine	
Clozapine	Levofloxacin	Tacrolimus	Propafenone	
Disopyramide	Lithium	Tamoxifen	Mexiletine	
Dofetilide	Methadone	Telithromycin	Fluphenazine	
Dolasetron	Moexipril/HCTZ	Thioridazine	Perphenazine	
Droperidol	Moxifloxacin	Tizanidine	Norfloxacin	
Erythromycin	Nicardipine	Tolterodine	Asenapine	
Felbamate	Nilotinib	Vardenafil	Alfuzosin	
Flecainide	Octreotide	Venlafaxine	Clarithromycin	
Fluconazole	Ondansetron	Voriconazole		
Fluoxetine	Paliperidone	Ziprasidone		
Foscarnet	Pentamidine	Gemifloxacin		
Fosphenytoin	Pimozide	Procainamide		

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

5. Dronedarone / Severe Hepatic Impairment ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated in patients with severe hepatic impairment. Dronedarone is extensively metabolized by the liver and use in this population has not been assessed.

Conflict Code: MC – Drug (Actual) Disease Warning/Precaution
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Severe Hepatic Impairment	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

6. Dronedarone / Pregnancy ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated for use in women who are or may become pregnant. If dronedarone is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus. Dronedarone is pregnancy category X. Women of childbearing age should use effective contraception if using dronedarone.

Conflict Code: MC – Drug (Actual) Disease Warning
Drug/Disease:

Util A	Util B	Util C (Negating)
Dronedarone	Pregnancy	Delivery
		Miscarriage
		Abortion

Age Range: 12 – 50 years of age

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

7. Dronedarone / Lactating (Code - V24.1) ____X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated in breast-feeding women. It is not known if dronedarone is excreted in human breast milk but it has been shown to be excreted in rat milk. Due to the potential for serious adverse reactions in nursing infants from dronedarone, a decision should be made whether to discontinue nursing or discontinue the drug.

Conflict Code: MC – Drug (Actual) Disease Warning
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Lactation ICD-9	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

8. Dronedarone / CYP3A4 Inducers ___X___ _____ _____

Alert Message: Concurrent use of Multaq (dronedarone) and CYP3A4 inducers (e.g. carbamazepine, phenytoin and rifampin) should be avoided. Coadministration of dronedarone with a 3A4 inducer may lead to decreased dronedarone plasma concentrations and loss of pharmacologic effects.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Rifampin	
	Carbamazepine	
	Phenytoin	
	Phenobarbital	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

9. Dronedarone / Potassium-depleting Diuretics ___X___ _____ _____

Alert Message: Caution should be exercised when Multaq (dronedarone) is used with a potassium-depleting diuretic. Hypokalemia or hypomagnesemia may occur with concurrent use of these agents. Potassium levels should be within the normal range prior to administration of dronedarone and maintained in the normal range during administration of dronedarone.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Furosemide	Chlorthalidone
	Bumetanide	Hydrochlorothiazide
	Ethacrynic Acid	Indapamide
	Torsemide	Methyclothiazide
	Metolazone	Chlorthiazide

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

10. Dronedarone / Digoxin ___X___ _____ _____

Alert Message: Concurrent use of Multaq (dronedarone) with digoxin may potentiate the electrophysiologic effects of dronedarone (e.g., decreased AV-node conduction) due to inhibition by dronedarone of P-gp mediated transport. In clinical trials concomitant use of these agents resulted in an increased digoxin exposure of 2.5 fold. Consider discontinuation of digoxin prior to initiation of dronedarone or 50% reduction of the digoxin dose and monitor closely.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Digoxin	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

11. Dronedarone / Verapamil & Diltiazem ___X___ _____ _____

Alert Message: Calcium channel blockers (CCBs) with depressant effects on the sinus and AV nodes (e.g. verapamil and diltiazem) can potentiate Multaq's (dronedarone) effects on conduction. All three agents are moderate CYP3A4 inhibitors. Verapamil and diltiazem have been shown to increase dronedarone exposure by 1.4- to 1.7-fold and dronedarone has been shown to increase verapamil and diltiazem exposure by 1.4- to 1.5-fold. Give low doses of the CCB initially and increase only after ECG verification of good tolerability.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Verapamil	
	Diltiazem	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.
FDA Center for Drug Evaluation and Research, Multaq Medical/Statistical Review(s), Feb 18, 2009. Available at: http://www.accessdata.fda.gov/drugsatfda_docs/nda/2009/022425s000_MedR_P1.pdf

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

12. Dronedarone / Beta Blockers ___X___ _____ _____

Alert Message: Concurrent use of Multaq (dronedarone) and a beta-blocker may result in bradycardia. Dronedarone may also increase the exposure of certain beta-blockers (e.g. propranolol, metoprolol, timolol and pindolol) due to inhibition by dronedarone of the CYP2D6-mediated beta-blocker metabolism. Give low doses of the beta blocker initially and increase only after ECG verification of good tolerability.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B		Util C
Dronedarone	Propranolol	Labetalol	
	Metoprolol	Atenolol	
	Carvedilol	Acebutolol	
	Timolol	Bisoprolol	
	Pindolol	Carteolol	
	Nebivolol	Nadolol	
	Betaxolol	Penbutolol	

*Sotalol not included – contraindicated (see #4).

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

13. Dronedarone / CYP2D6 Substrates* ___X___ _____ _____

Alert Message: Caution should be exercised when Multaq (dronedarone) is used in combination with CYP2D6 substrates. Dronedarone, a moderate CYP2D6 inhibitor, may elevate plasma levels of CYP2D6 substrates increasing the risk of adverse reactions. Monitor patients and adjust dose of the 2D6 substrate if necessary.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Fluoxetine	
	Paroxetine	
	Fluvoxamine	
	Venlafaxine	
	Duloxetine	
	Tramadol	

*CYP2D6 substrates that are contraindicated drugs are not included here (see #4).

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.
Horn JR, and Hansten P, Drug Interactions Insights and Observations, Do All SSRIs Interact the Same Way? Pharmacy Times July 2005.
Available at: http://www.hanstenandhorn.com/hh-article07-05.pdf
Flockhart DA. Drug Interactions: Cytochrome P450 Drug Interaction Table. Indiana University School of Medicine.
Available at: http://medicine.iupui.edu/clinpharm/ddos/table.asp

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

14. Dronedarone / Simvastatin, Lovastatin & Atorvastatin __X___ _____ _____

Alert Message: Concurrent use of Multaq (dronedarone) with a statin that is a CYP3A4 substrate (i.e. lovastatin, simvastatin and atorvastatin) may result in elevated statin levels and risk of adverse effects (e.g. myopathy). Dronedarone is a moderate inhibitor of CYP3A4 isoenzyme as well as a P-gp transport which may also cause increases in statin levels. Follow the statin label recommendations for concomitant use with CYP3A4 and P-gp inhibitors.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Simvastatin	
	Lovastatin	
	Atorvastatin	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

15. Dronedarone / CYP3A4 Substrates w/ Narrow Therapeutic Indexes ___X___ _____ _____

Alert Message: Concurrent use of Multaq (dronedarone) with drugs that are CYP3A4 substrates and have narrow therapeutic indexes (e.g. tacrolimus, sirolimus) may result in increased plasma concentrations of the CYP3A4 substrate. It is recommended to monitor plasma concentrations of these agents and make any necessary dosage adjustments.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Tacrolimus	
	Sirolimus	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

16. Liraglutide / Over-utilization ___X___ _____ _____

Alert Message: The recommended maximum dose of Victoza (liraglutide) is 1.8 mg per day. Exceeding this dose may result in the increased risk of adverse effects (e.g. nausea and vomiting).

Conflict Code: ER – Overuse
Drug/Disease

Util A	Util B	Util C
Liraglutide		

Max Dose: 1.8 mg/day

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

17. Liraglutide / Non-adherence ___X___ _____ _____

Alert Message: Non-adherence to Victoza (liraglutide) therapy may result in loss of glycemic control and an increased risk of developing adverse diabetic-related complications.

Conflict Code: LR - Nonadherence
Drug/Disease

Util A	Util B	Util C
Liraglutide		

Nonadherence: ≤75% refill in current 90 days

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

18. Liraglutide / Black Box Warning – Thyroid Cancer ___X___ _____ _____

Alert Message: Victoza (liraglutide) causes thyroid C-cell tumors in clinically relevant exposure in rodents. It is unknown whether liraglutide causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans. Counsel patients regarding the risk of medullary thyroid carcinoma and the symptoms of thyroid tumors (e.g. a mass in the neck, dysphagia, dyspnea or persistent hoarseness).

Conflict Code: TA – Therapeutic Appropriateness (Black Box Warning)
Drug/Disease

Util A	Util B	Util C
Liraglutide		

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

19. Liraglutide / Medullary Thyroid Carcinoma & Multiple Endocrine Neoplasia Syndrome (Black Box Contraindication) ___X___ _____ _____

Alert Message: Victoza (liraglutide) is contraindicated in patients with a personal or family history of medullary thyroid carcinoma (MTC) or multiple endocrine neoplasia syndrome. Liraglutide has been shown to cause thyroid C-cell tumors in rats, the human relevance is unknown. It is recommended to counsel patients regarding the risk of medullary thyroid carcinoma and the symptoms of thyroid tumors (e.g. a mass in the neck, dysphagia, dyspnea or persistent hoarseness).

Conflict Code: TA – Therapeutic Appropriateness (Black Box Warning-Contraindication)
Drug/Disease

Util A	Util B	Util C
Liraglutide	Medullary Thyroid Carcinoma Multiple Endocrine Neoplasia Syndrome	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

20. Liraglutide / Type 1 Diabetes & Ketoacidosis ___X___ _____ _____

Alert Message: Victoza (liraglutide) should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis, as it would not be effective in these settings.

Conflict Code: MC – Drug (Actual) Disease Precaution/Warning
Drug/Disease

Util A	Util B	Util C
Liraglutide	Type 1 Diabetes ICD-9s	
	Ketoacidosis ICD-9	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

21. Liraglutide / Insulin Secretagogues ___X___ _____ _____

Alert Message: The coadministration of Victoza (liraglutide) and an insulin secretagogue may increase the risk of hypoglycemia. Consider lowering the dose of the insulin secretagogue to reduce the risk.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease

Util A	Util B	Util C
Liraglutide	Repaglinide	
	Nateglinide	
	Chlorpropamide	
	Glimepiride	
	Glipizide	
	Glyburide	
	Tolazamide	
	Tolbutamide	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

22. Liraglutide / Pancreatitis ___X___ _____ _____

Alert Message: Victoza (liraglutide) should be used with caution in patients with a history of pancreatitis. In clinical trials, there were more cases of pancreatitis among liraglutide-treated patients than placebo-treated. Counsel patients on symptoms of pancreatitis. If pancreatitis is suspected during liraglutide therapy, liraglutide and any other suspect drugs should be discontinued.

Conflict Code: MC – Drug (Actual) Disease Precaution
Drug/Disease

Util A	Util B	Util C
Liraglutide	Pancreatitis	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

23. Liraglutide / Pediatric Patients ___X___ _____ _____

Alert Message: Safety and efficacy of Victoza (liraglutide) have not been established in pediatric patients and the drug is therefore not recommended for use in this population.

Conflict Code: TA – Therapeutic Appropriateness
Drug/Disease

Util A	Util B	Util C
Liraglutide		

Age Range: 0 – 18 year of age
References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

24. Liraglutide / Renal Impairment _____ _____ ___X___

Alert Message: Victoza (liraglutide) should be used with caution in patients with renal impairment due to limited data for the drug in this population. Compared to healthy subjects, liraglutide AUC in mild, moderate, and severe renal impairment and ESRD was on average 35%, 19%, 29% and 30% lower, respectively.

Conflict Code: DB – Drug/Drug Marker and/or Diagnosis Precaution/Warning
Drug/Disease

Util A	Util B	Util C
Liraglutide	Renal Impairment ICD-9s Fosrenol PhosLo Zemplar Renagel Renvela	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

25. Liraglutide / Hepatic Impairment _____ _____ ___X___

Alert Message: Victoza (liraglutide) should be used with caution in patients with hepatic impairment due to limited data for the drug in this population. Compared to healthy subjects, liraglutide AUC in subjects with mild, moderate and severe hepatic impairment was on average 11%, 14% and 42% lower, respectively.

Conflict Code: MC – Drug (Actual) Disease Precaution/Warning
Drug/Disease

Util A	Util B	Util C
Liraglutide	Hepatic Impairment	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

26. Liraglutide / Gastroparesis ___X___ _____ _____

Alert Message: Victoza (liraglutide) should be used with caution in patients with gastroparesis. Liraglutide slows gastric emptying and may exacerbate the condition.

Conflict Code: MC – Drug (Actual) Disease Precaution/Warning
Drug/Disease

Util A	Util B	Util C
Liraglutide	Gastroparesis	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

27. Liraglutide / Oral Drugs ___X___ _____ _____

Alert Message: Caution should be exercised when Victoza (liraglutide), a GLP-1 receptor agonist, is coadministered with oral medications. Liraglutide causes delayed gastric emptying and has the potential to impact the rate and extent of absorption of the oral agent.

Conflict Code: TA – Therapeutic Appropriateness
Drug/Disease

Util A	Util B	Util C
Liraglutide		

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

28. Opioid Agonists / Carisoprodol / Benzodiazepines ___X___ _____ _____

Alert Message: The triple drug combination involving an opioid agonist, carisoprodol and a benzodiazepine can cause a heroin-like euphoria as well as lethal CNS depression. This poly drug combo is often sought after for illicit use and diversion. Use extreme caution when prescribing this drug combination\especially in patients with a history of drug abuse dependence.

Conflict Code: TA – Therapeutic Appropriateness
Drug/Disease

Util A	Util B	Util C (Include)
Hydrocodone	Carisoprodol	Alprazolam
Meperidine		Temazepam
Methadone		Diazepam
Oxycodone		Lorazepam
Oxymorphone		Oxazepam
Morphine		Chlordiazepoxide
Levorphanol		Clonazepam
Codeine		Estazolam
Tramadol		Flurazepam
Fentanyl		Triazolam
Propoxyphene		Quazepam
Hydromorphone		Clorazepate
Tapentadol		

References:

Soma Fast Facts. National Drug Intelligence Center, U.S. Department of Justice. NDIC Product No. 2004-L0559-006.
Drugs and Chemicals of Concern: Carisoprodol, U.S Department of Justice Drug Enforcement Administration Office of Diversion Control. July 2008. Available at: http://www.deadiversion.usdoj.gov/drugs_concern/carisoprodol.htm
Drugs and Chemicals of Concern: Hydrocodone, U.S Department of Justice Drug Enforcement Administration Office of Diversion Control. November 2008. Available at:
http://www.deadiversion.usdoj.gov/drugs_concern/hydrocodone/hydrocodone.htm
Drugs and Chemicals of Concern: Benzodiazepines, U.S Department of Justice Drug Enforcement Administration Office of Diversion Control. September 2007. Available at:
http://www.deadiversion.usdoj.gov/drugs_concern/benzo_1.htm
The Drug Abuse Warning Network (DAWN) Report: Oxycodone, Hydrocodone, and Polydrug Use, 2002. Substance Abuse & Mental Health Services Administration (SAMHSA). July 2004.
Available at: http://www.oas.samhsa.gov/2k4/oxycodone/oxycodone.pdf
The Drug Abuse Warning Network (DAWN) Report: Benzodiazepines in Drug Abuse-Related Emergency Department Visits: 1995-2002. Substance Abuse & Mental Health Services Administration (SAMHSA). April 2004.
Available at: http://www.oas.samhsa.gov/2k4benzodiazepinesTrends.pdf
U.S. Drug Enforcement Administration: The Role of DEA in Controlling Drug Abuse. American Society of Interventional Pain Physicians. Washington D.C., June 30, 2009
Available at: http://www.deadiversion.usdoj.gov/pubs/presentations/asipp09.pdf

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

29. PrandiMet / Nonadherence ___X___ _____ _____

Alert Message: Non-adherence to PrandiMet (repaglinide/metformin) therapy may result in loss of glycemic control and an increased risk of developing adverse diabetic-related complications.

Conflict Code: LR - Nonadherence
Drug/Disease:

Util A	Util B	Util C
Repaglinide/Metformin		

References:

Lau DT, Nau DP, Oral Antihyperglycemic Medication Nonadherence and Subsequent Hospitalization Among Individuals with Type 2 Diabetes, Diabetes Care. 27:2149-2153, 2004.
Miller KE, Medication Nonadherence Affects Diabetes Treatment, Am Family Phys. Vol. 75 No. 6, March 15, 2007.
Ho PM, Rumsfeld JS, Masoudi FA, et al., Effect of Medication Nonadherence in Diabetes Mellitus, Cardiology Review, April 2007.

30. Raltegravir / Non-Preferred Dual NRTIs / Truvada ____X___ _____ _____

Alert Message: The preferred INSTI-based antiretroviral regimen for treatment-naïve HIV-1 infected patients involves raltegravir plus 2 NRTIs, preferably tenofovir plus emtricitabine. The use of raltegravir with other dual NRTIs (such as abacavir/lamivudine or zidovudine/lamivudine) may be acceptable, but more definitive data for these regimens are needed.

Conflict Code: DD - Appropriate Drug Combination
Drug/Disease:

Util A	Util B	Util C (Negating)
Raltegravir	Zidovudine/Lamivudine	Tenofovir/Emtricitabine
	Lamivudine/Abacavir	
	Didanosine	
	Stavudine	
	Abacavir	
	Zidovudine	
	Lamivudine	
	Emtricitabine	
	Tenofovir	
	Zidovudine/Lamivudine/Abacavir	

References:

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. Developed by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents - A Working Group of the Office of AIDS Research Advisory Council. December 1, 2009.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

31. Pitavastatin / Overuse ___X___ _____ _____

Alert Message: The recommended maximum dose of Livalo (pitavastatin) is 4 mg once daily. Doses exceeding 4 mg per day have been associated with an increased risk for severe myopathy in premarketing clinical studies.

Conflict Code: ER - Overutilization
Drug/Disease:

Util A	Util B	Util C
Pitavastatin		

Max Dose: 4 mg per day

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

32. Pitavastatin / Severe Renal Impairment ___X___ _____ _____

Alert Message: Livalo (pitavastatin) should not be used in patients with severe renal impairment (GFR < 30mL/min/1.73 m^2), not yet on hemodialysis. This agent has not been studied in this population.

Conflict Code: TA - Therapeutic Appropriateness
Drug/Disease:

Util A	Util B	Util C (Negating)
Pitavastatin	Severe Renal Impairment	Hemodialysis
	Fosrenol	
	Renagel	
	Renvela	
	PhosLo	
	Zemplar	

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

33. Pitavastatin / Moderate Renal Impairment & ESRD on Hemodialysis ___X___ _____ _____

Alert Message: The recommended maximum dose of Livalo (pitavastatin) in patients with moderate renal impairment and those receiving hemodialysis is 2 mg once daily. In clinical studies the AUC and Cmax of pitavastatin were significantly elevated (AUC 79% & 86% higher, Cmax 60% & 40% higher) in subjects with these conditions as compared to healthy subjects.

Conflict Code: ER - Overutilization
Drug/Disease:

Util A	Util B	Util C (Include)
Pitavastatin		Moderate Renal Impairment
		ESRD
		Hemodialysis

Max Dose: 2 mg per day

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

34. Pitavastatin / Cyclosporine ___X___ _____ _____

Alert Message: Co-administration of Livalo (pitavastatin) with cyclosporine is contraindicated. The concurrent use of these agents has been shown to cause significant increases in the AUC (4.6 fold increase) and Cmax (6.6 fold increase) of pitavastatin.

Conflict Code: DD - Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Pitavastatin	Cyclosporine	

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

35. Pitavastatin / Active Liver Disease ___X___ _____ _____

Alert Message: Livalo (pitavastatin) is contraindicated in patients with active liver disease, which may include unexplained persistent transaminase elevations.

Conflict Code: MC – Drug (Actual) Disease Precaution/Warning
Drug/Disease:

Util A	Util B	Util C
Pitavastatin	Hepatitis	
	Cirrhosis	
	Hemochromatosis	
	Non-alcoholic fatty liver disease	
	Hepatic Cancer	
	Wilson's Disease	
	Primary sclerosing cholangitis	
	Budd-Chiari Syndrome	
	Gilbert's Syndrome	
	Glycogen Storage Disease Type II	

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

36. Pitavastatin / Erythromycin ___X___ _____ _____

Alert Message: In patients taking erythromycin, the dose of Livalo (pitavastatin) should not exceed 1 mg per day. In clinical trials, concurrent use of pitavastatin 4 mg QD with erythromycin 500 mg QID resulted in a significant increase in pitavastatin exposure (2.8 fold increase in AUC and 3.6 fold increase in Cmax).

Conflict Code: DD - Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Erythromycin	Pitavastatin 2 & 4 mg	

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

Alabama Medicaid DUR Board Meeting Minutes
April 28, 2010

Members Present: Paula Thompson, Rhonda Harden, David Frazer, Bernie Olin, Daniel Mims, David Harwood, Jimmy Jackson, Dan McConaghy, Denyse Thornley-Brown, Kevin Green, Kelli Littlejohn, Robert Moon

Also Present: Clemice Hurst, Tiffany Minnifield, Christina Faulkner

Members Absent: Paul Nagrodzki, Kevin Royal

Call to Order: Daniel Mims, Chairman, called the meeting to order at 1:00p.m.

Review and Adoption of Minutes of January 27, 2010 meeting: Daniel Mims asked if there were additions, deletions, or changes to the minutes of the January 27 meeting. Two changes to the minutes were recommended. The minutes will be amended and presented for approval at the next meeting. Jimmy Jackson made a motion to amend the minutes as discussed and Kevin Greene seconded the motion.

Prior Authorization and Overrides Update: Christina Faulkner began the Prior Authorization and Overrides Update with the Monthly Manual Prior Authorizations and Overrides Report for the month of December. She reported 8,456 requests. She reported 13,653 electronic requests for the same time frame. From the Prior Authorization and Override Response Time Ratio report for December, 2010 she reported that 89% of manual PAs were responded to in less than two hours, 94-95% responded to in less than 4 hours and approximately 95% in less than eight hours. For the month of January, Christina reported 8,039 manual PA requests and 16,142 electronic PA requests. She reported that 88-89% of PAs were responded to in less than 2 hours, 95-96% in less than 4 hours and 97% in less than 8 hours.

Program Summary Review: Christina briefly reviewed the Alabama Medicaid Program Summary on page 28. From the 6 Month Assessment, she noted approximately 4.2 million prescriptions, 455,576 recipients and an average paid per prescription of $58.16.

Cost Management Analysis: Christina reported for January 2008 an average cost per claim of $60.94 and for December 2009 an average cost per claim of $58.38. From the Drug Analysis 4th Quarter 2009, Christina reported 71.33% generic utilization, 18.35% brand single-source, 4.07% brand multi-source and 6.24% OTC and "other". From the Top 25 Drugs Based on Total Claims from 01/01/10-01/31/10, Christina reported the top 5 drugs: hydrocodone-acetaminophen, amoxicillin, azithromycin, Singulair® and alprazolam. She then reported the top 5 drugs from the Top 25 Drugs Based on Claims Cost From 01/01/10-01/31/10: Singulair, Abilify®, Synagis®, Seroquel® and Vyvanse®. From the Top 15 Therapeutic Classes by Total Cost of Claims from 01/01/10-01/31/10, Christina reported the top five classes: antipsychotic agents, beta-adrenergic agonists, anticonvulsants, leukotriene modifiers and amphetamines.

Adult ADHD: In response to a previous request from the Board, Christina presented information on the utilization of ADHD medications in the adult Alabama Medicaid recipient population. It is estimated that 4.4% of adults suffer from ADHD (treated and untreated). Among Alabama Medicaid recipients 19 years and older, Christina reported 17,472 prescriptions for stimulants to treat ADHD and a total reimbursement of $2,100,000 in the year 2009. For 2008, she reported 19,456 prescriptions and a reimbursement amount of $2,326,221.12. Christina proposed retrospective DUR criteria that would generate informational letters to physicians. She reviewed the proposed criteria on page 38 – 42 for the Board's consideration.

Suboxone/Subutex: In response to a request from the Board, Christina presented information regarding the utilization of Suboxone® and Subutex® among Alabama Medicaid Recipients to the Board. There is concern that patients may be taking Suboxone and opioids concurrently. She briefly reviewed the drug and its mechanism of action. She called the Board's attention to the graph on page 43 showing the number of patients in December 2009 that received a prescription for Suboxone or Subutex and also received an opiate agonist. Christina suggested criteria that would generate an informational letter to the prescriber of both drugs alerting them that the patient has received both agents.

Poly Drug Abuse: In response to a current trend of "poly drug abuse", Christina presented a review of the most common drugs abused in combination. The most commonly abused are hydrocodone or oxycodone, a benzodiazepine and carisoprodol. The resultant combination maximizes the effect of the narcotics and causes euphoria. This particular mixture is referred to as the 'Holy Trinity' or 'Redneck Cocktail'. The combinations are usually obtained from different doctors or through illegal internet pharmacies, so patients are not carefully monitored. This combination can be lethal. Among Alabama Medicaid recipients from June 2009 to December 2009, Christina noted 48 patients receiving the combination. A Board member asked for information on alprazolam utilization. Christina informed the Board that a review of alprazolam utilization is planned for the next DUR meeting. Christina noted that Alabama's utilization seems to be lower because of the PA on brand and generic carisoprodol.

Synagis: Christina presented the Mid-Season Analysis of Palivizumab Utilization to the Board. She noted 1,169 claims and $2,970,009 in reimbursement for 2009. For the same time frame in 2008, she reported 4,517 claims and $7,778,430 in reimbursement. Christina discussed the reasons for denials of Synagis requests as presented on pages 50-53. Christina informed the Board of the changes that took place before the start of the 2009-2010 Synagis season and the preparations that are made each year regarding education of the Synagis provider population regarding Medicaid Synagis information.

RDUR Criteria: Christina presented the set of 48 proposed criteria to the Board for their review. Board members were instructed to mark their ballots.

Criteria #24 was rejected. Samford University will research and bring findings back to the DUR Board via member Paula Thompson. Criteria #25 was rejected. Criteria #45 and #46 will be combined. Criteria #48 will be corrected as noted. All other criteria were approved as recommended.

Medicaid Update: Tiffany called the board members attention to their Medicaid packets and reminded them to turn in their vouchers. She noted that the packets contained the most recent Alert. She reminded the Board that the quarterly pharmacy newsletter is now available online on the Medicaid website or the HID website. In addition, she reminded members to sign up for list serve. She informed the Board that the Synagis CME and others are still available on the Medicaid website. Tiffany reminded the Board that they will be voting for Chair and Vice-chair at the July meeting.

P & T Committee Update: Clemice Hurst began the P&T Update by informing the Board that at the last meeting, the Committee covered the Behavioral Health Agents. She stated that the next P&T meeting will be held on May 12 and that the committee will review Diabetic Agents, Estrogens and Antihistamines.

Kelli Littlejohn informed the Board that effective July 1, the Agency will be requiring NDCs on all physician administered drugs. She also noted that the Agency is monitoring the progress of health care reform.

Robert Moon informed the Board that the Agency is carefully monitoring the healthcare reform progress and the Agency is being proactive in its efforts to respond to the changes that will result.

New Business: Daniel Mims, Chairman, asked the Board if there was any new business. There being no new business brought before the Board, Daniel asked for a motion to adjourn. Dan McConaghy made a motion to adjourn the meeting. The motion was seconded by Rhonda Harden. A voice vote to adjourn was unanimous. The meeting was adjourned at 2:30pm.

Next Meeting Date: The next DUR Board meeting will be held on July 28, 2010.

Respectfully submitted,

Christina Faulkner, PharmD

ALABAMA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

1. Dronedarone / Heart Failure (Black Box) ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated in patients with NYHA Class IV heart failure or NYHA Class II-III heart failure with a recent decompensation requiring hospitalization or referral to a specialized heart failure clinic. In a placebo controlled trial patients in the above categories given dronedarone experienced a greater than two-fold increase in mortality.

Conflict Code: MC – Drug/ (Actual) Disease Warning **(Black Box Warning)**
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Heart Failure	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

2. Dronedarone / Potent 3A4 Inhibitors ___X___ _____ _____

Alert Message: Coadministration of Multaq (dronedarone) with potent CYP3A4 inhibitors (e.g. ketoconazole, itraconazole, clarithromycin, and ritonavir) is contraindicated. Concurrent use of dronedarone with these agents may cause a significant increase in dronedarone plasma concentrations and systemic exposure resulting in an increased risk of QTc prolongation.

Conflict Code: DD – Drug/Drug Interactions
Drug/Disease:

Util A	Util B		Util C
Dronedarone	Ketoconazole	Nelfinavir	
	Itraconazole	Telithromycin	
	Atazanavir	Indinavir	
	Clarithromycin	Saquinavir	
	Nefazodone	Ritonavir	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

3. Dronedarone / 2nd & 3rd AV Block, Sick Sinus Syndrome, Bradycardia ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated in patients with 2nd- or 3rd-degree atrioventricular (AV) block, sick sinus syndrome (except when used in conjunction with a functioning pacemaker), bradycardia < 50bpm, QTc Bazett interval ≥500 ms, or PR interval > 280 ms.

Conflict Code: MC – Drug (Actual) Disease Warning/Precaution
Drug/Disease:

Util A	Util B	Util C
Dronedarone	2nd Degree AV Block	
	3rd Degree AV Block	
	Sick Sinus Syndrome	
	Bradycardia	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

4. Dronedarone / Drugs Causing QT interval Prolongation ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated for use with drugs that prolong the QT interval (e.g., certain phenothiazines, tricyclic antidepressants, certain macrolide antibiotics, and Class I and III antiarrhythmics) because of the potential risk of torsade de pointes-type ventricular tachycardia.

Conflict Code: DD – Drug/Drug Interactions
Drug/Disease:

Util A	Util B			Util C
Dronedarone	Alfuzosin	Granisetron	Quetiapine	Amitriptyline
	Amantadine	Haloperidol	Quinidine	Clomipramine
Amiodarone	Ibutilide	Ranolazine	Desipramine	
Arsenic Trioxide	Indapamide	Risperidone	Doxepin	
Atazanavir	Isradipine	Salmeterol	Imipramine	
Azithromycin	Itraconazole	Sertraline	Nortriptyline	
Chloral Hydrate	Ketoconazole	Solifenacin	Protriptyline	
Chlorpromazine	Lapatinib	Sotalol	Trimipramine	
Clozapine	Levofloxacin	Tacrolimus	Propafenone	
Disopyramide	Lithium	Tamoxifen	Mexiletine	
Dofetilide	Methadone	Telithromycin	Fluphenazine	
Dolasetron	Moexipril/HCTZ	Thioridazine	Perphenazine	
Droperidol	Moxifloxacin	Tizanidine	Norfloxacin	
Erythromycin	Nicardipine	Tolterodine	Asenapine	
Felbamate	Nilotinib	Vardenafil	Alfuzosin	
Flecainide	Octreotide	Venlafaxine	Clarithromycin	
Fluconazole	Ondansetron	Voriconazole		
Fluoxetine	Paliperidone	Ziprasidone		
Foscarnet	Pentamidine	Gemifloxacin		
Fosphenytoin	Pimozide	Procainamide		

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

5. Dronedarone / Severe Hepatic Impairment ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated in patients with severe hepatic impairment. Dronedarone is extensively metabolized by the liver and use in this population has not been assessed.

Conflict Code: MC – Drug (Actual) Disease Warning/Precaution
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Severe Hepatic Impairment	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

6. Dronedarone / Pregnancy ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated for use in women who are or may become pregnant. If dronedarone is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus. Dronedarone is pregnancy category X. Women of childbearing age should use effective contraception if using dronedarone.

Conflict Code: MC – Drug (Actual) Disease Warning
Drug/Disease:

Util A	Util B	Util C (Negating)
Dronedarone	Pregnancy	Delivery
		Miscarriage
		Abortion

Age Range: 12 – 50 years of age

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

7. Dronedarone / Lactating (Code - V24.1) ___X___ _____ _____

Alert Message: Multaq (dronedarone) is contraindicated in breast-feeding women. It is not known if dronedarone is excreted in human breast milk but it has been shown to be excreted in rat milk. Due to the potential for serious adverse reactions in nursing infants from dronedarone, a decision should be made whether to discontinue nursing or discontinue the drug.

Conflict Code: MC – Drug (Actual) Disease Warning
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Lactation ICD-9	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

8. Dronedarone / CYP3A4 Inducers ___X___ _____ _____

Alert Message: Concurrent use of Multaq (dronedarone) and CYP3A4 inducers (e.g. carbamazepine, phenytoin and rifampin) should be avoided. Coadministration of dronedarone with a 3A4 inducer may lead to decreased dronedarone plasma concentrations and loss of pharmacologic effects.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Rifampin	
	Carbamazepine	
	Phenytoin	
	Phenobarbital	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

9. Dronedarone / Potassium-depleting Diuretics ___X___ _____ _____

Alert Message: Caution should be exercised when Multaq (dronedarone) is used with a potassium-depleting diuretic. Hypokalemia or hypomagnesemia may occur with concurrent use of these agents. Potassium levels should be within the normal range prior to administration of dronedarone and maintained in the normal range during administration of dronedarone.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Furosemide	Chlorthalidone
	Bumetanide	Hydrochlorothiazide
	Ethacrynic Acid	Indapamide
	Torsemide	Methyclothiazide
	Metolazone	Chlorthiazide

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

10. Dronedarone / Digoxin ___X___ _____ _____

Alert Message: Concurrent use of Multaq (dronedarone) with digoxin may potentiate the electrophysiologic effects of dronedarone (e.g., decreased AV-node conduction) due to inhibition by dronedarone of P-gp mediated transport. In clinical trials concomitant use of these agents resulted in an increased digoxin exposure of 2.5 fold. Consider discontinuation of digoxin prior to initiation of dronedarone or 50% reduction of the digoxin dose and monitor closely.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Digoxin	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

11. Dronedarone / Verapamil & Diltiazem ___X___ _____ _____

Alert Message: Calcium channel blockers (CCBs) with depressant effects on the sinus and AV nodes (e.g. verapamil and diltiazem) can potentiate Multaq's (dronedarone) effects on conduction. All three agents are moderate CYP3A4 inhibitors. Verapamil and diltiazem have been shown to increase dronedarone exposure by 1.4- to 1.7-fold and dronedarone has been shown to increase verapamil and diltiazem exposure by 1.4- to 1.5-fold. Give low doses of the CCB initially and increase only after ECG verification of good tolerability.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Verapamil	
	Diltiazem	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.
FDA Center for Drug Evaluation and Research, Multaq Medical/Statistical Review(s), Feb 18, 2009. Available at: http://www.accessdata.fda.gov/drugsatfda_docs/nda/2009/022425s000_MedR_P1.pdf

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

12. Dronedarone / Beta Blockers ___X___ _____ _____

Alert Message: Concurrent use of Multaq (dronedarone) and a beta-blocker may result in bradycardia. Dronedarone may also increase the exposure of certain beta-blockers (e.g. propranolol, metoprolol, timolol and pindolol) due to inhibition by dronedarone of the CYP2D6-mediated beta-blocker metabolism. Give low doses of the beta blocker initially and increase only after ECG verification of good tolerability.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Propranolol	Labetalol
	Metoprolol	Atenolol
	Carvedilol	Acebutolol
	Timolol	Bisoprolol
	Pindolol	Carteolol
	Nebivolol	Nadolol
	Betaxolol	Penbutolol

*Sotalol not included – contraindicated (see #4).

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

13. Dronedarone / CYP2D6 Substrates* ___X___ _____ _____

Alert Message: Caution should be exercised when Multaq (dronedarone) is used in combination with CYP2D6 substrates. Dronedarone, a moderate CYP2D6 inhibitor, may elevate plasma levels of CYP2D6 substrates increasing the risk of adverse reactions. Monitor patients and adjust dose of the 2D6 substrate if necessary.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Fluoxetine	
	Paroxetine	
	Fluvoxamine	
	Venlafaxine	
	Duloxetine	
	Tramadol	

*CYP2D6 substrates that are contraindicated drugs are not included here (see #4).

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.
Horn JR, and Hansten P, Drug Interactions Insights and Observations, Do All SSRIs Interact the Same Way? Pharmacy Times July 2005.
Available at: http://www.hanstenandhorn.com/hh-article07-05.pdf
Flockhart DA. Drug Interactions: Cytochrome P450 Drug Interaction Table. Indiana University School of Medicine.
Available at: http://medicine.iupui.edu/clinpharm/ddos/table.asp

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

14. Dronedarone / Simvastatin, Lovastatin & Atorvastatin __X___ _____ _____

Alert Message: Concurrent use of Multaq (dronedarone) with a statin that is a CYP3A4 substrate (i.e. lovastatin, simvastatin and atorvastatin) may result in elevated statin levels and risk of adverse effects (e.g. myopathy). Dronedarone is a moderate inhibitor of CYP3A4 isoenzyme as well as a P-gp transport which may also cause increases in statin levels. Follow the statin label recommendations for concomitant use with CYP3A4 and P-gp inhibitors.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Simvastatin	
	Lovastatin	
	Atorvastatin	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

15. Dronedarone / CYP3A4 Substrates w/ Narrow Therapeutic Indexes ___X___ _____ _____

Alert Message: Concurrent use of Multaq (dronedarone) with drugs that are CYP3A4 substrates and have narrow therapeutic indexes (e.g. tacrolimus, sirolimus) may result in increased plasma concentrations of the CYP3A4 substrate. It is recommended to monitor plasma concentrations of these agents and make any necessary dosage adjustments.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Dronedarone	Tacrolimus	
	Sirolimus	

References:
Facts & Comparisons, 2009 Updates.
Multaq Prescribing Information. July 2009, Sanofi-Aventis U.S.

16. Liraglutide / Over-utilization ___X___ _____ _____

Alert Message: The recommended maximum dose of Victoza (liraglutide) is 1.8 mg per day. Exceeding this dose may result in the increased risk of adverse effects (e.g. nausea and vomiting).

Conflict Code: ER – Overuse
Drug/Disease

Util A	Util B	Util C
Liraglutide		

Max Dose: 1.8 mg/day

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

17. Liraglutide / Non-adherence ___X___ _____ _____

Alert Message: Non-adherence to Victoza (liraglutide) therapy may result in loss of glycemic control and an increased risk of developing adverse diabetic-related complications.

Conflict Code: LR - Nonadherence
Drug/Disease

Util A	Util B	Util C
Liraglutide		

Nonadherence: ≤75% refill in current 90 days

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

18. Liraglutide / Black Box Warning – Thyroid Cancer ___X___ _____ _____

Alert Message: Victoza (liraglutide) causes thyroid C-cell tumors in clinically relevant exposure in rodents. It is unknown whether liraglutide causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans. Counsel patients regarding the risk of medullary thyroid carcinoma and the symptoms of thyroid tumors (e.g. a mass in the neck, dysphagia, dyspnea or persistent hoarseness).

Conflict Code: TA – Therapeutic Appropriateness (Black Box Warning)
Drug/Disease

Util A	Util B	Util C
Liraglutide		

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

19. Liraglutide / Medullary Thyroid Carcinoma & Multiple Endocrine Neoplasia Syndrome (Black Box Contraindication) ___X___ _____ _____

Alert Message: Victoza (liraglutide) is contraindicated in patients with a personal or family history of medullary thyroid carcinoma (MTC) or multiple endocrine neoplasia syndrome. Liraglutide has been shown to cause thyroid C-cell tumors in rats, the human relevance is unknown. It is recommended to counsel patients regarding the risk of medullary thyroid carcinoma and the symptoms of thyroid tumors (e.g. a mass in the neck, dysphagia, dyspnea or persistent hoarseness).

Conflict Code: TA – Therapeutic Appropriateness (Black Box Warning-Contraindication)
Drug/Disease

Util A	Util B	Util C
Liraglutide	Medullary Thyroid Carcinoma Multiple Endocrine Neoplasia Syndrome	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

20. Liraglutide / Type 1 Diabetes & Ketoacidosis ___X___ _____ _____

Alert Message: Victoza (liraglutide) should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis, as it would not be effective in these settings.

Conflict Code: MC – Drug (Actual) Disease Precaution/Warning
Drug/Disease

Util A	Util B	Util C
Liraglutide	Type 1 Diabetes ICD-9s Ketoacidosis ICD-9	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

21. Liraglutide / Insulin Secretagogues ___X___ _____ _____

Alert Message: The coadministration of Victoza (liraglutide) and an insulin secretagogue may increase the risk of hypoglycemia. Consider lowering the dose of the insulin secretagogue to reduce the risk.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease

Util A	Util B	Util C
Liraglutide	Repaglinide Nateglinide Chlorpropamide Glimepiride Glipizide Glyburide Tolazamide Tolbutamide	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

22. Liraglutide / Pancreatitis ___X___ _____ _____

Alert Message: Victoza (liraglutide) should be used with caution in patients with a history of pancreatitis. In clinical trials, there were more cases of pancreatitis among liraglutide-treated patients than placebo-treated. Counsel patients on symptoms of pancreatitis. If pancreatitis is suspected during liraglutide therapy, liraglutide and any other suspect drugs should be discontinued.

Conflict Code: MC – Drug (Actual) Disease Precaution
Drug/Disease

Util A	Util B	Util C
Liraglutide	Pancreatitis	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

23. Liraglutide / Pediatric Patients ___X___ _____ _____

Alert Message: Safety and efficacy of Victoza (liraglutide) have not been established in pediatric patients and the drug is therefore not recommended for use in this population.

Conflict Code: TA – Therapeutic Appropriateness
Drug/Disease

Util A	Util B	Util C
Liraglutide		

Age Range: 0 – 18 year of age
References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

24. Liraglutide / Renal Impairment _____ _____ ___X___

Alert Message: Victoza (liraglutide) should be used with caution in patients with renal impairment due to limited data for the drug in this population. Compared to healthy subjects, liraglutide AUC in mild, moderate, and severe renal impairment and ESRD was on average 35%, 19%, 29% and 30% lower, respectively.

Conflict Code: DB – Drug/Drug Marker and/or Diagnosis Precaution/Warning
Drug/Disease

Util A	Util B	Util C
Liraglutide	Renal Impairment ICD-9s Fosrenol PhosLo Zemplar Renagel Renvela	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

25. Liraglutide / Hepatic Impairment _____ _____ ___X___

Alert Message: Victoza (liraglutide) should be used with caution in patients with hepatic impairment due to limited data for the drug in this population. Compared to healthy subjects, liraglutide AUC in subjects with mild, moderate and severe hepatic impairment was on average 11%, 14% and 42% lower, respectively.

Conflict Code: MC – Drug (Actual) Disease Precaution/Warning
Drug/Disease

Util A	Util B	Util C
Liraglutide	Hepatic Impairment	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

26. Liraglutide / Gastroparesis ___X___ _____ _____

Alert Message: Victoza (liraglutide) should be used with caution in patients with gastroparesis. Liraglutide slows gastric emptying and may exacerbate the condition.

Conflict Code: MC – Drug (Actual) Disease Precaution/Warning
Drug/Disease

Util A	Util B	Util C
Liraglutide	Gastroparesis	

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

27. Liraglutide / Oral Drugs ___X___ _____ _____

Alert Message: Caution should be exercised when Victoza (liraglutide), a GLP-1 receptor agonist, is coadministered with oral medications. Liraglutide causes delayed gastric emptying and has the potential to impact the rate and extent of absorption of the oral agent.

Conflict Code: TA – Therapeutic Appropriateness
Drug/Disease

Util A	Util B	Util C
Liraglutide		

References:
Victoza Prescribing Information, Jan. 2010, Novo Nordisk A/S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

28. Opioid Agonists / Carisoprodol / Benzodiazepines ___X___ _____ _____

Alert Message: The triple drug combination involving an opioid agonist, carisoprodol and a benzodiazepine can cause a heroin-like euphoria as well as lethal CNS depression. This poly drug combo is often sought after for illicit use and diversion. Use extreme caution when prescribing this drug combination\especially in patients with a history of drug abuse dependence.

Conflict Code: TA – Therapeutic Appropriateness
Drug/Disease

Util A	Util B	Util C (Include)
Hydrocodone	Carisoprodol	Alprazolam
Meperidine		Temazepam
Methadone		Diazepam
Oxycodone		Lorazepam
Oxymorphone		Oxazepam
Morphine		Chlordiazepoxide
Levorphanol		Clonazepam
Codeine		Estazolam
Tramadol		Flurazepam
Fentanyl		Triazolam
Propoxyphene		Quazepam
Hydromorphone		Clorazepate
Tapentadol		

References:

Soma Fast Facts. National Drug Intelligence Center, U.S. Department of Justice. NDIC Product No. 2004-L0559-006.
Drugs and Chemicals of Concern: Carisoprodol, U.S Department of Justice Drug Enforcement Administration Office of Diversion Control. July 2008. Available at: http://www.deadiversion.usdoj.gov/drugs_concern/carisoprodol.htm
Drugs and Chemicals of Concern: Hydrocodone, U.S Department of Justice Drug Enforcement Administration Office of Diversion Control. November 2008. Available at:
http://www.deadiversion.usdoj.gov/drugs_concern/hydrocodone/hydrocodone.htm
Drugs and Chemicals of Concern: Benzodiazepines, U.S Department of Justice Drug Enforcement Administration Office of Diversion Control. September 2007. Available at:
http://www.deadiversion.usdoj.gov/drugs_concern/benzo_1.htm
The Drug Abuse Warning Network (DAWN) Report: Oxycodone, Hydrocodone, and Polydrug Use, 2002. Substance Abuse & Mental Health Services Administration (SAMHSA). July 2004.
Available at: http://www.oas.samhsa.gov/2k4/oxycodone/oxycodone.pdf
The Drug Abuse Warning Network (DAWN) Report: Benzodiazepines in Drug Abuse-Related Emergency Department Visits: 1995-2002. Substance Abuse & Mental Health Services Administration (SAMHSA). April 2004.
Available at: http://www.oas.samhsa.gov/2k4benzodiazepinesTrends.pdf
U.S. Drug Enforcement Administration: The Role of DEA in Controlling Drug Abuse. American Society of Interventional Pain Physicians. Washington D.C., June 30, 2009
Available at: http://www.deadiversion.usdoj.gov/pubs/presentations/asipp09.pdf

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

29. PrandiMet / Nonadherence ___X___ _____ _____

Alert Message: Non-adherence to PrandiMet (repaglinide/metformin) therapy may result in loss of glycemic control and an increased risk of developing adverse diabetic-related complications.

Conflict Code: LR - Nonadherence
Drug/Disease:

Util A	Util B	Util C
Repaglinide/Metformin		

References:
Lau DT, Nau DP, Oral Antihyperglycemic Medication Nonadherence and Subsequent Hospitalization Among Individuals with Type 2 Diabetes, Diabetes Care. 27:2149-2153, 2004.
Miller KE, Medication Nonadherence Affects Diabetes Treatment, Am Family Phys. Vol. 75 No. 6, March 15, 2007.
Ho PM, Rumsfeld JS, Masoudi FA, et al., Effect of Medication Nonadherence in Diabetes Mellitus, Cardiology Review, April 2007.

30. Raltegravir / Non-Preferred Dual NRTIs / Truvada ____X___ _____ _____

Alert Message: The preferred INSTI-based antiretroviral regimen for treatment-naïve HIV-1 infected patients involves raltegravir plus 2 NRTIs, preferably tenofovir plus emtricitabine. The use of raltegravir with other dual NRTIs (such as abacavir/lamivudine or zidovudine/lamivudine) may be acceptable, but more definitive data for these regimens are needed.

Conflict Code: DD - Appropriate Drug Combination
Drug/Disease:

Util A	Util B	Util C (Negating)
Raltegravir	Zidovudine/Lamivudine	Tenofovir/Emtricitabine
	Lamivudine/Abacavir	
	Didanosine	
	Stavudine	
	Abacavir	
	Zidovudine	
	Lamivudine	
	Emtricitabine	
	Tenofovir	
	Zidovudine/Lamivudine/Abacavir	

References:
Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. Developed by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents - A Working Group of the Office of AIDS Research Advisory Council. December 1, 2009.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

31. Pitavastatin / Overuse ___X___ _____ _____

Alert Message: The recommended maximum dose of Livalo (pitavastatin) is 4 mg once daily. Doses exceeding 4 mg per day have been associated with an increased risk for severe myopathy in premarketing clinical studies.

Conflict Code: ER - Overutilization
Drug/Disease:

Util A	Util B	Util C
Pitavastatin		

Max Dose: 4 mg per day

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

32. Pitavastatin / Severe Renal Impairment ___X___ _____ _____

Alert Message: Livalo (pitavastatin) should not be used in patients with severe renal impairment (GFR < 30mL/min/1.73 m^2), not yet on hemodialysis. This agent has not been studied in this population.

Conflict Code: TA - Therapeutic Appropriateness
Drug/Disease:

Util A	Util B	Util C (Negating)
Pitavastatin	Severe Renal Impairment	Hemodialysis
	Fosrenol	
	Renagel	
	Renvela	
	PhosLo	
	Zemplar	

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

33. Pitavastatin / Moderate Renal Impairment & ESRD on Hemodialysis ___X___ _____ _____

Alert Message: The recommended maximum dose of Livalo (pitavastatin) in patients with moderate renal impairment and those receiving hemodialysis is 2 mg once daily. In clinical studies the AUC and Cmax of pitavastatin were significantly elevated (AUC 79% & 86% higher, Cmax 60% & 40% higher) in subjects with these conditions as compared to healthy subjects.

Conflict Code: ER - Overutilization
Drug/Disease:

Util A	Util B	Util C (Include)
Pitavastatin		Moderate Renal Impairment
		ESRD
		Hemodialysis

Max Dose: 2 mg per day

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

34. Pitavastatin / Cyclosporine ___X___ _____ _____

Alert Message: Co-administration of Livalo (pitavastatin) with cyclosporine is contraindicated. The concurrent use of these agents has been shown to cause significant increases in the AUC (4.6 fold increase) and Cmax (6.6 fold increase) of pitavastatin.

Conflict Code: DD - Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Pitavastatin	Cyclosporine	

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

35. Pitavastatin / Active Liver Disease ___X___ _____ _____

Alert Message: Livalo (pitavastatin) is contraindicated in patients with active liver disease, which may include unexplained persistent transaminase elevations.

Conflict Code: MC – Drug (Actual) Disease Precaution/Warning
Drug/Disease:

Util A	Util B	Util C
Pitavastatin	Hepatitis	
	Cirrhosis	
	Hemochromatosis	
	Non-alcoholic fatty liver disease	
	Hepatic Cancer	
	Wilson's Disease	
	Primary sclerosing cholangitis	
	Budd-Chiari Syndrome	
	Gilbert's Syndrome	
	Glycogen Storage Disease Type II	

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

36. Pitavastatin / Erythromycin ___X___ _____ _____

Alert Message: In patients taking erythromycin, the dose of Livalo (pitavastatin) should not exceed 1 mg per day. In clinical trials, concurrent use of pitavastatin 4 mg QD with erythromycin 500 mg QID resulted in a significant increase in pitavastatin exposure (2.8 fold increase in AUC and 3.6 fold increase in Cmax).

Conflict Code: DD - Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Erythromycin	Pitavastatin 2 & 4 mg	

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

37. Pitavastatin / Rifampin ___X___ _____ _____

Alert Message: In patients taking rifampin, the dose of Livalo (pitavastatin) should not exceed 2 mg once daily. In clinical trials, concurrent use of pitavastatin 4 mg QD with rifampin 600 mg QID for 5 days resulted in a significant increase in pitavastatin exposure (29% increase in AUC and 2.0 fold increase in Cmax).

Conflict Code: DD - Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Rifampin	Pitavastatin 4 mg	

References:
Livalo Prescribing Information, August 2008, Kowa Pharmaceuticals.

*Pitavastatin has been incorporated into the existing criteria for the drug/drug interaction for Kaletra and certain Statins – already approved #601.

38. ADHD Stimulants/Chronic Opioid Agents/ADHD & Narcolepsy Negating ___X___ _____ _____

Alert Message: Our records do not indicate a supporting FDA-approved diagnosis for the use of the stimulant medication. The patient is receiving chronic pain medication and may be experiencing daytime drowsiness and/or lethargy. Sometimes stimulant agents are used off-label to address these side effects. Stimulants have serious adverse effects and should only be used for FDA-approved indications.

Conflict Code: DD - Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C (Negating)
Methylphenidate	Morphine	ADD ICD-9s
Dexmethylphenidate	Methadone	ADHD ICD-9s
Amphetamine	Oxymorphone	Cataplexy & Narcolepsy
Dextroamphetamine	Hydromorphone	
Methamphetamine	Hydrocodone	
Lisdexamfetamine	Codeine	
Levorphanol		
	Tapentadol	
	Propoxyphene	
	Meperidine	
	Fentanyl	
	Butorphanol	
	Pentazocine	

References:
Facts & Comparisons, 2010 Updates.
ACPA Chronic Pain Medication Supplement, American Chronic Pain Association. 2008.
Available at: http://www.theacpa.org/documents/ACPA%20Meds%202008%20Final.pdf
NIDA Info Facts: Stimulants ADHD Medications: Methylphenidate and Amphetamines. National Institute of Drug Abuse, National Institutes of Health, US Department of Health and Human Services. June 2009.
Available at: http://www.nida.nih.gov/Infofacts/ADHD.html

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

39. ADHD Stimulants / Obesity / ADHD & Narcolepsy Negating ___X___ _____ _____

Alert Message: Our records do not indicate a supporting FDA approved diagnosis for use of the stimulant medication. The patient does, however, have a diagnosis of obesity. Off-label uses, diversion, and abuse are concerns with stimulants used for treating ADHD and/or narcolepsy. These agents have serious adverse effects and should only be used for approved indications.

Conflict Code: TA – Therapeutic Appropriateness
Drug/Disease:

Util A	Util B	Util C (Negating)
Methylphenidate	Obesity	ADD ICD-9s
Dexmethylphenidate		ADHD ICD-9s
Amphetamine		Cataplexy & Narcolepsy
Dextroamphetamine		
Lisdexamfetamine		

*Methamphetamine is FDA approved for treatment of Exogenous Obesity and is not included.

References:
Facts & Comparisons, 2010 Updates.
Clinical Pharmacology, 2010 Gold Standard.
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2010.
WIN Weight-Control Information Network, Service of National Institute of Diabetes and Digestive and Kidney Disease (NIDDK), National Institutes of Health, U.S. Department of Health and Human Services. NIH Publication No. 07-4191. Updated December 2007. Available at: http://win.niddk.nih.gov/publications/prescription.htm
NIDA Info Facts: Stimulants ADHD Medications: Methylphenidate and Amphetamines. National Institute of Drug Abuse, National Institutes of Health, US Department of Health and Human Services. June 2009. Available at: http://www.nida.nih.gov/Infofacts/ADHD.html

40. ADHD Stimulants / Glaucoma ___X___ _____ _____

Alert Message: Stimulants are contraindicated in patients with glaucoma due to their ability to increase sympathetic stimulation, block aqueous outflow, and raise intraocular pressure.

Conflict Code: DB – Drug/Drug Marker and/or Diagnosis
Drugs/Disease:

Util A	Util B	Util C
Methylphenidate	Glaucoma ICD-9s	
Dexmethylphenidate	Ophthalmic Agents	
Amphetamine	Brimonidine	
Dextroamphetamine	Apraclonidine	
Methamphetamine	Timolol	
Lisdexamfetamine	Betaxolol	
	Levobunolol	
	Carteolol	
	Metipranolol	
	Brinzolamide	
	Dorzolamide	
	Pilocarpine	
	Bimatoprost	
	Latanoprost	
	Travoprost	

References:
Facts & Comparisons, 2010 Updates.
Micromedex Health Care Series, DrugDex Drug Evaluations, 2009.
Daytrana Prescribing Information, 2006, Shire LLC.
Focalin XR Prescribing Information 2005, Novartis Pharmaceuticals.
Vyvanse Prescribing Information, Nov. 2009, Shire LLC.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

41. ADHD Stimulants / Arrhythmias and Cardiac Conditions ___X___ _____ _____

Alert Message: Stimulant products generally should not be used in patients with known structural cardiac abnormalities, cardiomyopathy, serious rhythm abnormalities or other serious cardiac problems. Sudden death has been reported in association with CNS stimulant treatment at usual doses in this population. All patients treated with stimulant medications should have a careful history (including family history of sudden death or ventricular arrhythmia) and physical exam to assess presence of cardiac disease.

Conflict Code: MC – Drug (Actual) Disease Diagnosis
Drugs/Disease:

Util A	Util B	Util C
Methylphenidate	Cardiac Dysrhythmias	
Dexmethylphenidate	Congestive Heart Failure	
Amphetamines	Conduction Disorders	
Dextroamphetamine	Cardiomyopathy	
Methamphetamine		
Lisdexamfetamine		

References:
Facts & Comparisons, 2010 Updates.
Adderall Prescribing Information, June 2006, Shire LLC.
Dexedrine Prescribing Information, June 2006, GlaxoSmithKline.
Ritalin Prescribing Information, June 2006, Novartis Pharmaceutical Corporation.
Focalin Prescribing Information, Oct. 2006, Novartis Pharmaceutical Corporation.

42. Methylphenidate & Dexmethylphenidate / Tics & Tourette's ___X___ _____ _____

Alert message: Methylphenidate and dexmethylphenidate are contraindicated in patients with motor tics or with a family history or diagnosis of Tourette's syndrome.

Conflict Code: MC – Drug (Actual) Disease Diagnosis
Drugs/Disease:

Util A	Util B	Util C
Methylphenidate	Motor Tics	
Dexmethylphenidate	Tourette's Syndrome	

References:
Facts & Comparisons, 2010 Updates.
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2010.
Daytrana Prescribing Information, 2006, Shire LLC.
Focalin Prescribing Information, 2005, Novartis Pharmaceuticals.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

43. ADHD Meds / Psychosis ___X___ _____ _____

Alert Message: Administration of certain medications to treat ADD/ADHD (i.e. stimulants and atomoxetine) may exacerbate symptoms of behavior disturbances and thought disorders in patients with preexisting psychotic disorders. If symptoms occur, consider a possible causal role of the ADD/ADHD agent.

Conflict Code: MC - Drug (Actual) Disease Diagnosis
Drugs/Disease:

Util A	Util B	Util C
Methylphenidate	Psychosis ICD-9s	
Dexmethylphenidate		
Amphetamine		
Dextroamphetamine		
Methamphetamine		
Lisdexamfetamine		
Atomoxetine		

References:
Facts & Comparisons, 2010 Updates.
Clinical Pharmacology, Gold Standard 2010.

44. Risperdal Consta / Oral Antipsychotics ___X___ _____ _____

Alert Message: Patients prescribed Risperdal Consta (risperidone injection) should receive oral antipsychotic supplementation until risperidone has achieved steady-state plasma concentrations, typically after 4 injections. The use of oral antipsychotics with risperidone injection beyond the recommended transition time period may represent an unnecessary and costly duplication of therapy.

Conflict Code: DD - Drug/Drug Interaction
Drugs/Disease:

Util A	Util B				Util C
Risperidone Injection	Clozapine	Asenapine	Perphenazine	Thiothixene	
	Ziprasidone	Loxapine	Prochlorperazine	Risperidone	
	Olanzapine	Molindone	Thioridazine	Paliperidone	
	Quetiapine	Lithium	Trifluoperazine		
	Aripiprazole	Chlorpromazine	Haloperidol		
	Iloperidone	Fluphenazine	Pimozide		

References:
Invega Sustenna Prescribing Information, July 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2010 Updates.
Clinical Pharmacology, Gold Standard 2010.

45. Paliperidone Sustenna / Oral Paliperidone & Risperidone (Oral & Inj) ____**Combined with #46**_____

Alert Message: Concomitant use of Invega Sustenna (paliperidone injection) with oral paliperidone or oral or injectable risperidone has not been studied and may represent duplication of therapy. Concurrent use of injectable paliperidone with any of these agents may result in increased paliperidone exposure (paliperidone is the major active metabolite of risperidone) and additional unnecessary cost. Oral antipsychotic medication may be discontinued at the time of initiation of treatment with injectable paliperidone.

Conflict Code: DD - Drug/Drug Interaction
Drugs/Disease:

Util A	Util B	Util C
Paliperidone Injection	Paliperidone Oral	
	Risperidone Oral & Injection	

References:
Invega Sustenna Prescribing Information, July 2009, Ortho-McNeil-Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2010 Updates.
Clinical Pharmacology, Gold Standard 2010.

The minutes of the April 28, 2010 DUR Board Meeting have been reviewed and approved as submitted.

Carol H. Steckel, Commissioner	(✓) Approve	( ) Deny	6/23/10 Date
Kathy Hall, Deputy Commissioner	(✓) Approve	( ) Deny	6/22/10 Date
Robert Moon, M.D., Medical Director	(✓) Approve	( ) Deny	6-23-10 Date